

B1 (Official Form 1)(04/13)

<b>United States Bankruptcy Court</b> <b>Northern District of Illinois Eastern Division</b>		<b>Voluntary Petition</b>
Name of Debtor (if individual, enter Last, First, Middle): <b>Midwest Medical Services, Inc.</b>		Name of Joint Debtor (Spouse) (Last, First, Middle):
All Other Names used by the Debtor in the last 8 years (include married, maiden, and trade names): <b>See Attachment</b>		All Other Names used by the Joint Debtor in the last 8 years (include married, maiden, and trade names):
Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN)/Complete EIN (if more than one, state all) <b>36-4403265</b>		Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN) No./Complete EIN (if more than one, state all)
Street Address of Debtor (No. and Street, City, and State): <b>1707 Quincy Ave., Unit 141</b> <b>Naperville, IL</b> <div style="text-align: right; margin-top: 5px;">ZIP Code <b>60540</b></div>		Street Address of Joint Debtor (No. and Street, City, and State): <div style="text-align: right; margin-top: 5px;">ZIP Code</div>
County of Residence or of the Principal Place of Business: <b>DuPage</b>		County of Residence or of the Principal Place of Business:
Mailing Address of Debtor (if different from street address): <div style="text-align: right; margin-top: 5px;">ZIP Code</div>		Mailing Address of Joint Debtor (if different from street address): <div style="text-align: right; margin-top: 5px;">ZIP Code</div>
Location of Principal Assets of Business Debtor (if different from street address above):		
<b>Type of Debtor</b> (Form of Organization) (Check one box) <input type="checkbox"/> Individual (includes Joint Debtors) <i>See Exhibit D on page 2 of this form.</i> <input checked="" type="checkbox"/> Corporation (includes LLC and LLP) <input type="checkbox"/> Partnership <input type="checkbox"/> Other (If debtor is not one of the above entities, check this box and state type of entity below.)	<b>Nature of Business</b> (Check one box) <input type="checkbox"/> Health Care Business <input type="checkbox"/> Single Asset Real Estate as defined in 11 U.S.C. § 101 (51B) <input type="checkbox"/> Railroad <input type="checkbox"/> Stockbroker <input type="checkbox"/> Commodity Broker <input type="checkbox"/> Clearing Bank <input checked="" type="checkbox"/> Other	<b>Chapter of Bankruptcy Code Under Which the Petition is Filed</b> (Check one box) <input checked="" type="checkbox"/> Chapter 7 <input type="checkbox"/> Chapter 9 <input type="checkbox"/> Chapter 11 <input type="checkbox"/> Chapter 12 <input type="checkbox"/> Chapter 13 <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Main Proceeding <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Nonmain Proceeding
<b>Chapter 15 Debtors</b> Country of debtor's center of main interests:  Each country in which a foreign proceeding by, regarding, or against debtor is pending:	<b>Tax-Exempt Entity</b> (Check box, if applicable) <input type="checkbox"/> Debtor is a tax-exempt organization under Title 26 of the United States Code (the Internal Revenue Code).	<b>Nature of Debts</b> (Check one box) <input type="checkbox"/> Debts are primarily consumer debts, defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." <input checked="" type="checkbox"/> Debts are primarily business debts.
<b>Filing Fee</b> (Check one box) <input checked="" type="checkbox"/> Full Filing Fee attached <input type="checkbox"/> Filing Fee to be paid in installments (applicable to individuals only). Must attach signed application for the court's consideration certifying that the debtor is unable to pay fee except in installments. Rule 1006(b). See Official Form 3A. <input type="checkbox"/> Filing Fee waiver requested (applicable to chapter 7 individuals only). Must attach signed application for the court's consideration. See Official Form 3B.		<b>Chapter 11 Debtors</b> Check one box: <input type="checkbox"/> Debtor is a small business debtor as defined in 11 U.S.C. § 101(51D). <input type="checkbox"/> Debtor is not a small business debtor as defined in 11 U.S.C. § 101(51D). Check if: <input type="checkbox"/> Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2,490,925 (amount subject to adjustment on 4/01/16 and every three years thereafter). Check all applicable boxes: <input type="checkbox"/> A plan is being filed with this petition. <input type="checkbox"/> Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).
<b>Statistical/Administrative Information</b> <input type="checkbox"/> Debtor estimates that funds will be available for distribution to unsecured creditors. <input checked="" type="checkbox"/> Debtor estimates that, after any exempt property is excluded and administrative expenses paid, there will be no funds available for distribution to unsecured creditors.		THIS SPACE IS FOR COURT USE ONLY
<b>Estimated Number of Creditors</b> <div style="display: flex; justify-content: space-between;"> <div><input checked="" type="checkbox"/> 1-49</div> <div><input type="checkbox"/> 50-99</div> <div><input type="checkbox"/> 100-199</div> <div><input type="checkbox"/> 200-999</div> <div><input type="checkbox"/> 1,000-5,000</div> <div><input type="checkbox"/> 5,001-10,000</div> <div><input type="checkbox"/> 10,001-25,000</div> <div><input type="checkbox"/> 25,001-50,000</div> <div><input type="checkbox"/> 50,001-100,000</div> <div><input type="checkbox"/> OVER 100,000</div> </div>		
<b>Estimated Assets</b> <div style="display: flex; justify-content: space-between;"> <div><input type="checkbox"/> \$0 to \$50,000</div> <div><input type="checkbox"/> \$50,001 to \$100,000</div> <div><input type="checkbox"/> \$100,001 to \$500,000</div> <div><input type="checkbox"/> \$500,001 to \$1 million</div> <div><input checked="" type="checkbox"/> \$1,000,001 to \$10 million</div> <div><input type="checkbox"/> \$10,000,001 to \$50 million</div> <div><input type="checkbox"/> \$50,000,001 to \$100 million</div> <div><input type="checkbox"/> \$100,000,001 to \$500 million</div> <div><input type="checkbox"/> \$500,000,001 to \$1 billion</div> <div><input type="checkbox"/> More than \$1 billion</div> </div>		
<b>Estimated Liabilities</b> <div style="display: flex; justify-content: space-between;"> <div><input type="checkbox"/> \$0 to \$50,000</div> <div><input type="checkbox"/> \$50,001 to \$100,000</div> <div><input type="checkbox"/> \$100,001 to \$500,000</div> <div><input type="checkbox"/> \$500,001 to \$1 million</div> <div><input checked="" type="checkbox"/> \$1,000,001 to \$10 million</div> <div><input type="checkbox"/> \$10,000,001 to \$50 million</div> <div><input type="checkbox"/> \$50,000,001 to \$100 million</div> <div><input type="checkbox"/> \$100,000,001 to \$500 million</div> <div><input type="checkbox"/> \$500,000,001 to \$1 billion</div> <div><input type="checkbox"/> More than \$1 billion</div> </div>		

# **Voluntary Petition**

(This page must be completed and filed in every case)

Name of Debtor(s):

**Midwest Medical Services, Inc.**

## **All Prior Bankruptcy Cases Filed Within Last 8 Years** (If more than two, attach additional sheet)

Location

Where Filed: **- None -**

Case Number:

Date Filed:

Location

Where Filed:

Case Number:

Date Filed:

## **Pending Bankruptcy Case Filed by any Spouse, Partner, or Affiliate of this Debtor** (If more than one, attach additional sheet)

Name of Debtor:

**- None -**

Case Number:

Date Filed:

District:

Relationship:

Judge:

### **Exhibit A**

(To be completed if debtor is required to file periodic reports (e.g., forms 10K and 10Q) with the Securities and Exchange Commission pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 and is requesting relief under chapter 11.)

☐ Exhibit A is attached and made a part of this petition.

### **Exhibit B**

(To be completed if debtor is an individual whose debts are primarily consumer debts.)

I, the attorney for the petitioner named in the foregoing petition, declare that I have informed the petitioner that [he or she] may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each such chapter. I further certify that I delivered to the debtor the notice required by 11 U.S.C. §342(b).

**X**

Signature of Attorney for Debtor(s)

(Date)

### **Exhibit C**

Does the debtor own or have possession of any property that poses or is alleged to pose a threat of imminent and identifiable harm to public health or safety?

☐ Yes, and Exhibit C is attached and made a part of this petition.

☒ No.

### **Exhibit D**

(To be completed by every individual debtor. If a joint petition is filed, each spouse must complete and attach a separate Exhibit D.)

☐ Exhibit D completed and signed by the debtor is attached and made a part of this petition.

If this is a joint petition:

☐ Exhibit D also completed and signed by the joint debtor is attached and made a part of this petition.

### **Information Regarding the Debtor - Venue**

(Check any applicable box)

- ☒ Debtor has been domiciled or has had a residence, principal place of business, or principal assets in this District for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District.
- ☐ There is a bankruptcy case concerning debtor's affiliate, general partner, or partnership pending in this District.
- ☐ Debtor is a debtor in a foreign proceeding and has its principal place of business or principal assets in the United States in this District, or has no principal place of business or assets in the United States but is a defendant in an action or proceeding [in a federal or state court] in this District, or the interests of the parties will be served in regard to the relief sought in this District.

### **Certification by a Debtor Who Resides as a Tenant of Residential Property**

(Check all applicable boxes)

☐ Landlord has a judgment against the debtor for possession of debtor's residence. (If box checked, complete the following.)

\_\_\_\_\_  
(Name of landlord that obtained judgment)

\_\_\_\_\_  
(Address of landlord)

- ☐ Debtor claims that under applicable nonbankruptcy law, there are circumstances under which the debtor would be permitted to cure the entire monetary default that gave rise to the judgment for possession, after the judgment for possession was entered, and
- ☐ Debtor has included with this petition the deposit with the court of any rent that would become due during the 30-day period after the filing of the petition.
- ☐ Debtor certifies that he/she has served the Landlord with this certification. (11 U.S.C. § 362(l)).

# Voluntary Petition

(This page must be completed and filed in every case)

Name of Debtor(s):

**Midwest Medical Services, Inc.**

## Signatures

### Signature(s) of Debtor(s) (Individual/Joint)

I declare under penalty of perjury that the information provided in this petition is true and correct.

[If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under chapter 7] I am aware that I may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, understand the relief available under each such chapter, and choose to proceed under chapter 7. [If no attorney represents me and no bankruptcy petition preparer signs the petition] I have obtained and read the notice required by 11 U.S.C. §342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

**X** \_\_\_\_\_  
Signature of Debtor

**X** \_\_\_\_\_  
Signature of Joint Debtor

\_\_\_\_\_  
Telephone Number (If not represented by attorney)

\_\_\_\_\_  
Date

### Signature of Attorney\*

**X /s/ Carl F. Safanda** \_\_\_\_\_  
Signature of Attorney for Debtor(s)

**Carl F. Safanda 2440695** \_\_\_\_\_  
Printed Name of Attorney for Debtor(s)

**Safanda Law Firm** \_\_\_\_\_  
Firm Name  
**111 East Side Drive**  
**Geneva, IL 60134-2402**

\_\_\_\_\_  
Address

**Email: Plegal@xnet.com**

**(630) 262-1761 Fax: (630) 262-1764** \_\_\_\_\_  
Telephone Number

**October 1, 2015** \_\_\_\_\_  
Date

\*In a case in which § 707(b)(4)(D) applies, this signature also constitutes a certification that the attorney has no knowledge after an inquiry that the information in the schedules is incorrect.

### Signature of Debtor (Corporation/Partnership)

I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor.

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

**X /s/ Brian T. Witek** \_\_\_\_\_  
Signature of Authorized Individual

**Brian T. Witek** \_\_\_\_\_  
Printed Name of Authorized Individual

\_\_\_\_\_  
Title of Authorized Individual  
**October 1, 2015** \_\_\_\_\_  
Date

### Signature of a Foreign Representative

I declare under penalty of perjury that the information provided in this petition is true and correct, that I am the foreign representative of a debtor in a foreign proceeding, and that I am authorized to file this petition.

(Check only one box.)

☐ I request relief in accordance with chapter 15 of title 11, United States Code. Certified copies of the documents required by 11 U.S.C. §1515 are attached.

☐ Pursuant to 11 U.S.C. §1511, I request relief in accordance with the chapter of title 11 specified in this petition. A certified copy of the order granting recognition of the foreign main proceeding is attached.

**X** \_\_\_\_\_  
Signature of Foreign Representative

\_\_\_\_\_  
Printed Name of Foreign Representative

\_\_\_\_\_  
Date

### Signature of Non-Attorney Bankruptcy Petition Preparer

I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h), and 342(b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required in that section. Official Form 19 is attached.

\_\_\_\_\_  
Printed Name and title, if any, of Bankruptcy Petition Preparer

\_\_\_\_\_  
Social-Security number (If the bankruptcy petition preparer is not an individual, state the Social Security number of the officer, principal, responsible person or partner of the bankruptcy petition preparer.) (Required by 11 U.S.C. § 110.)

\_\_\_\_\_  
Address

**X** \_\_\_\_\_  
Date

Signature of bankruptcy petition preparer or officer, principal, responsible person, or partner whose Social Security number is provided above.

Names and Social-Security numbers of all other individuals who prepared or assisted in preparing this document unless the bankruptcy petition preparer is not an individual:

If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person.

*A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 11 U.S.C. §110; 18 U.S.C. §156.*

In re **Midwest Medical Services, Inc.**

Debtor

Case No. \_\_\_\_\_

## **FORM 1. VOLUNTARY PETITION**

### **Other Names Attachment**

All Other Names used by Debtor in the last 8 years:

1. **DBA Advance Medicar**
2. **FDBA Advance Ambulance**
3. **FDBA Cabulance**
4. **FDBA Midwest Ambulance**
5. **FDBA Advance Medi-van**
6. **DBA Firstcare Ambulance**
7. **DBA Firstcare Ambulance Service**
8. **DBA Ace Ambulance**
9. **DBA Excel Medical Services**

**United States Bankruptcy Court**  
**Northern District of Illinois Eastern Division**

In re **Midwest Medical Services, Inc.**,  
 Debtor

Case No. \_\_\_\_\_

Chapter **7**

**SUMMARY OF SCHEDULES**

Indicate as to each schedule whether that schedule is attached and state the number of pages in each. Report the totals from Schedules A, B, D, E, F, I, and J in the boxes provided. Add the amounts from Schedules A and B to determine the total amount of the debtor's assets. Add the amounts of all claims from Schedules D, E, and F to determine the total amount of the debtor's liabilities. Individual debtors must also complete the "Statistical Summary of Certain Liabilities and Related Data" if they file a case under chapter 7, 11, or 13.

NAME OF SCHEDULE	ATTACHED (YES/NO)	NO. OF SHEETS	ASSETS	LIABILITIES	OTHER
A - Real Property	<b>Yes</b>	<b>1</b>	<b>0.00</b>		
B - Personal Property	<b>Yes</b>	<b>6</b>	<b>1,823,974.55</b>		
C - Property Claimed as Exempt	<b>No</b>	<b>0</b>			
D - Creditors Holding Secured Claims	<b>Yes</b>	<b>2</b>		<b>1,239,685.13</b>	
E - Creditors Holding Unsecured Priority Claims (Total of Claims on Schedule E)	<b>Yes</b>	<b>10</b>		<b>83,519.24</b>	
F - Creditors Holding Unsecured Nonpriority Claims	<b>Yes</b>	<b>1</b>		<b>1,193,362.19</b>	
G - Executory Contracts and Unexpired Leases	<b>Yes</b>	<b>1</b>			
H - Codebtors	<b>Yes</b>	<b>1</b>			
I - Current Income of Individual Debtor(s)	<b>No</b>	<b>0</b>			<b>N/A</b>
J - Current Expenditures of Individual Debtor(s)	<b>No</b>	<b>0</b>			<b>N/A</b>
Total Number of Sheets of ALL Schedules		<b>22</b>			
Total Assets			<b>1,823,974.55</b>		
Total Liabilities				<b>2,516,566.56</b>	

**United States Bankruptcy Court**  
**Northern District of Illinois Eastern Division**

In re **Midwest Medical Services, Inc.**

Debtor

Case No. \_\_\_\_\_

Chapter 7

**STATISTICAL SUMMARY OF CERTAIN LIABILITIES AND RELATED DATA (28 U.S.C. § 159)**

If you are an individual debtor whose debts are primarily consumer debts, as defined in § 101(8) of the Bankruptcy Code (11 U.S.C. § 101(8)), filing a case under chapter 7, 11 or 13, you must report all information requested below.

☐ Check this box if you are an individual debtor whose debts are NOT primarily consumer debts. You are not required to report any information here.

**This information is for statistical purposes only under 28 U.S.C. § 159.**

**Summarize the following types of liabilities, as reported in the Schedules, and total them.**

Type of Liability	Amount
Domestic Support Obligations (from Schedule E)	
Taxes and Certain Other Debts Owed to Governmental Units (from Schedule E)	
Claims for Death or Personal Injury While Debtor Was Intoxicated (from Schedule E) (whether disputed or undisputed)	
Student Loan Obligations (from Schedule F)	
Domestic Support, Separation Agreement, and Divorce Decree Obligations Not Reported on Schedule E	
Obligations to Pension or Profit-Sharing, and Other Similar Obligations (from Schedule F)	
TOTAL	

**State the following:**

Average Income (from Schedule I, Line 12)	
Average Expenses (from Schedule J, Line 22)	
Current Monthly Income (from Form 22A-1 Line 11; OR, Form 22B Line 14; OR, Form 22C-1 Line 14 )	

**State the following:**

1. Total from Schedule D, "UNSECURED PORTION, IF ANY" column		
2. Total from Schedule E, "AMOUNT ENTITLED TO PRIORITY" column		
3. Total from Schedule E, "AMOUNT NOT ENTITLED TO PRIORITY, IF ANY" column		
4. Total from Schedule F		
5. Total of non-priority unsecured debt (sum of 1, 3, and 4)		

In re **Midwest Medical Services, Inc.**

Case No. \_\_\_\_\_

Debtor

## SCHEDULE A - REAL PROPERTY

Except as directed below, list all real property in which the debtor has any legal, equitable, or future interest, including all property owned as a cotenant, community property, or in which the debtor has a life estate. Include any property in which the debtor holds rights and powers exercisable for the debtor's own benefit. If the debtor is married, state whether husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor holds no interest in real property, write "None" under "Description and Location of Property."

**Do not include interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.**

If an entity claims to have a lien or hold a secured interest in any property, state the amount of the secured claim. See Schedule D. If no entity claims to hold a secured interest in the property, write "None" in the column labeled "Amount of Secured Claim." If the debtor is an individual or if a joint petition is filed, state the amount of any exemption claimed in the property only in Schedule C - Property Claimed as Exempt.

Description and Location of Property	Nature of Debtor's Interest in Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption	Amount of Secured Claim
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**None**

Sub-Total > **0.00** (Total of this page)

Total > **0.00**

(Report also on Summary of Schedules)

0 continuation sheets attached to the Schedule of Real Property

In re **Midwest Medical Services, Inc.**

Case No. \_\_\_\_\_

Debtor

## SCHEDULE B - PERSONAL PROPERTY

Except as directed below, list all personal property of the debtor of whatever kind. If the debtor has no property in one or more of the categories, place an "x" in the appropriate position in the column labeled "None." If additional space is needed in any category, attach a separate sheet properly identified with the case name, case number, and the number of the category. If the debtor is married, state whether husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor is an individual or a joint petitioner is filed, state the amount of any exemptions claimed only in Schedule C - Property Claimed as Exempt.

**Do not list interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.**

If the property is being held for the debtor by someone else, state that person's name and address under "Description and Location of Property."

If the property is being held for a minor child, simply state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. § 112 and Fed. R. Bankr. P. 1007(m).

Type of Property	N O N E	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption
1. Cash on hand	<b>X</b>			
2. Checking, savings or other financial accounts, certificates of deposit, or shares in banks, savings and loan, thrift, building and loan, and homestead associations, or credit unions, brokerage houses, or cooperatives.		<b>American Chartered Bank (payroll account)</b>	-	<b>139,000.00</b>
		<b>Prepaid Items</b>	-	<b>34,846.09</b>
3. Security deposits with public utilities, telephone companies, landlords, and others.	<b>X</b>			
4. Household goods and furnishings, including audio, video, and computer equipment.	<b>X</b>			
5. Books, pictures and other art objects, antiques, stamp, coin, record, tape, compact disc, and other collections or collectibles.	<b>X</b>			
6. Wearing apparel.	<b>X</b>			
7. Furs and jewelry.	<b>X</b>			
8. Firearms and sports, photographic, and other hobby equipment.	<b>X</b>			
9. Interests in insurance policies. Name insurance company of each policy and itemize surrender or refund value of each.		<b>New York Life - Officers Life Insurance (term)</b>	-	<b>0.00</b>
10. Annuities. Itemize and name each issuer.	<b>X</b>			

Sub-Total > **173,846.09**  
(Total of this page)

5 continuation sheets attached to the Schedule of Personal Property



In re **Midwest Medical Services, Inc.**

Case No. \_\_\_\_\_

Debtor

## SCHEDULE B - PERSONAL PROPERTY

(Continuation Sheet)

Type of Property	N O N E	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption
11. Interests in an education IRA as defined in 26 U.S.C. § 530(b)(1) or under a qualified State tuition plan as defined in 26 U.S.C. § 529(b)(1). Give particulars. (File separately the record(s) of any such interest(s). 11 U.S.C. § 521(c).)	<b>X</b>			
12. Interests in IRA, ERISA, Keogh, or other pension or profit sharing plans. Give particulars.	<b>X</b>			
13. Stock and interests in incorporated and unincorporated businesses. Itemize.	<b>X</b>			
14. Interests in partnerships or joint ventures. Itemize.	<b>X</b>			
15. Government and corporate bonds and other negotiable and nonnegotiable instruments.	<b>X</b>			
16. Accounts receivable.		<b>Accounts Receivable (as of 6/30/15)</b>	-	<b>920,040.00</b>
		<b>Cigna Healthcare Proclaim - Ryan Atwood</b>	-	<b>2,075.92</b>
		<b>Andres Medical Billing - Anna Trybula</b>	-	<b>300.00</b>
17. Alimony, maintenance, support, and property settlements to which the debtor is or may be entitled. Give particulars.	<b>X</b>			
18. Other liquidated debts owed to debtor including tax refunds. Give particulars.		<b>Other Receivables (as of 6/30/15)</b>	-	<b>246,959.75</b>
19. Equitable or future interests, life estates, and rights or powers exercisable for the benefit of the debtor other than those listed in Schedule A - Real Property.	<b>X</b>			
20. Contingent and noncontingent interests in estate of a decedent, death benefit plan, life insurance policy, or trust.	<b>X</b>			

Sub-Total > **1,169,375.67**  
(Total of this page)

Sheet 1 of 5 continuation sheets attached to the Schedule of Personal Property

In re **Midwest Medical Services, Inc.**

Case No. \_\_\_\_\_

Debtor

**SCHEDULE B - PERSONAL PROPERTY**

(Continuation Sheet)

Type of Property	N O N E	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption
21. Other contingent and unliquidated claims of every nature, including tax refunds, counterclaims of the debtor, and rights to setoff claims. Give estimated value of each.	<b>X</b>			
22. Patents, copyrights, and other intellectual property. Give particulars.	<b>X</b>			
23. Licenses, franchises, and other general intangibles. Give particulars.	<b>X</b>			
24. Customer lists or other compilations containing personally identifiable information (as defined in 11 U.S.C. § 101(41A)) provided to the debtor by individuals in connection with obtaining a product or service from the debtor primarily for personal, family, or household purposes.		<b>Customer lists</b>	-	<b>Unknown</b>
25. Automobiles, trucks, trailers, and other vehicles and accessories.		<b>2012 Ford E-350 (Mileage: 97,956) - Leased</b>	-	<b>10,000.00</b>
		<b>2012 Ford E-350 (Mileage: 185,857) - Leased</b>	-	<b>4,500.00</b>
		<b>2012 Ford E-350 (Mileage: 132,756) - Leased</b>	-	<b>7,500.00</b>
		<b>2013 Ford E-350 (Mileage: 85,535) - Financed</b>	-	<b>12,200.00</b>
		<b>2013 Ford E-350 (Mileage: 25,000) - Financed</b>	-	<b>19,000.00</b>
		<b>2003 Ford E-350 (Mileage: 350,000)</b>	-	<b>1,260.00</b>
		<b>2003 Ford E-350 (Mileage: 431,791)</b>	-	<b>1,260.00</b>
		<b>2003 Ford E-350 (Mileage: N/A)</b>	-	<b>1,260.00</b>
		<b>2004 Ford E-350 (Mileage: unknown)</b>	-	<b>4,000.00</b>
		<b>2006 Ford E-350 (Mileage: N/A)</b>	-	<b>6,000.00</b>
		<b>2007 Ford E-350 (Mileage: unknown)</b>	-	<b>6,700.00</b>
		<b>1993 Ford E-350 (Mileage: 67,000)</b>	-	<b>1,533.00</b>
		<b>2008 Ford E-150 (Mileage: 262,954)</b>	-	<b>3,600.00</b>

Sub-Total > **78,813.00**  
(Total of this page)

Sheet 2 of 5 continuation sheets attached  
to the Schedule of Personal Property

In re **Midwest Medical Services, Inc.**

Case No. \_\_\_\_\_

Debtor

**SCHEDULE B - PERSONAL PROPERTY**

(Continuation Sheet)

Type of Property	NON E	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption
		<b>2004 Ford E-250 (Mileage: 197,691)</b>	-	<b>1,500.00</b>
		<b>2007 Ford E-250 (Mileage: 233,576)</b>	-	<b>3,000.00</b>
		<b>2006 Ford E-150 (Mileage: 249,051)</b>	-	<b>2,300.00</b>
26. Boats, motors, and accessories.	<b>X</b>			
27. Aircraft and accessories.	<b>X</b>			
28. Office equipment, furnishings, and supplies.		<b>Office furniture/fixtures</b>	-	<b>5,000.00</b>
		<b>Computer dispatch system</b>	-	<b>35,000.00</b>
		<b>Computer hardware/software</b>	-	<b>5,000.00</b>
		<b>Misc. office equipment</b>	-	<b>2,500.00</b>
29. Machinery, fixtures, equipment, and supplies used in business.		<b>Zoll monitors</b>	-	<b>30,000.00</b>
		<b>Rescue Equipment: Bio Telemetry (Rossetta Box) (QTY: 7)</b>	-	<b>Unknown</b>
		<b>Rescue Equipment: Laptop (Toughbook) (QTY: 6) \$500/each</b>	-	<b>3,000.00</b>
		<b>Rescue Equipment: Rescue Equipment: O2 Saturation (Nelco Pulse Ox)</b>	-	<b>Unknown</b>
		<b>Rescue Equipment: Rescue Equipment: Rescue Equipment: O2 Saturation (Small Pulse O2) (QTY: 2)</b>	-	<b>Unknown</b>
		<b>Rescue Equipment: Blood Sugar Monitor (Glucometers) (QTY: 6)</b>	-	<b>Unknown</b>
		<b>Rescue Equipment: Plano (Drug box) (QTY: 13)</b>	-	<b>Unknown</b>
		<b>Rescue Equipment: Jump bags (non stocked) (QTY: 13)</b>	-	<b>Unknown</b>
		<b>Rescue Equipment: IO Drill (EZ IO Drill) (QTY: 10)</b>	-	<b>Unknown</b>
		<b>Rescue Equipment: IO Needle (Adult) (QTY: 20)</b>	-	<b>Unknown</b>
		<b>Rescue Equipment: IO Needle (Pediatric) (QTY: 20)</b>	-	<b>Unknown</b>
		<b>Rescue Equipment: IO Needle (Bariatric) (QTY: 20)</b>	-	<b>Unknown</b>

Sub-Total > **87,300.00**  
(Total of this page)

Sheet 3 of 5 continuation sheets attached  
to the Schedule of Personal Property

In re **Midwest Medical Services, Inc.**

Case No. \_\_\_\_\_

Debtor

## SCHEDULE B - PERSONAL PROPERTY

(Continuation Sheet)

Type of Property	NON E	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption
		Rescue Equipment: Hair traction splint (Adult) (QTY: 5)	-	Unknown
		Rescue Equipment: Hair traction splint (pediatric) (QTY: 5)	-	Unknown
		Rescue Equipment: Black boards (immobilization) (QTY: 18)	-	Unknown
		Rescue Equipment: Child car seats (QTY: 5)	-	Unknown
		Rescue Equipment: IV Pump (QTY: 5)	-	5,000.00
		Rescue Equipment: CPAP (Whisper Flow) (QTY: 2)	-	Unknown
		Rescue Equipment: 2-Way Radios (Communication) (QTY: 10)	-	925.00
		Merci Radios (Communication) (QTY: 10)	-	1,060.00
		Ventilator (Crossvent 4)	-	5,000.00
		Bariatric Stretcher	-	Unknown
		Stretcher (Stryker)	-	4,000.00
		Stretcher (Ferno) (QTY: 7) \$2,500/each	-	17,500.00
		Wheel Chairs	-	500.00
		Tire balancing machine	-	250.00
		Tire balancing machine	-	250.00
		Snap-on verdict scan tool	-	0.00
		Engine holst	-	250.00
		Miller welder	-	3,000.00
		Air compressor	-	200.00
		Transmission Jack	-	300.00
		5 Ton auto jack	-	1,000.00
		20 Ton auto jack	-	2,000.00

Sub-Total > **41,235.00**  
(Total of this page)

Sheet 4 of 5 continuation sheets attached to the Schedule of Personal Property

In re **Midwest Medical Services, Inc.**

Case No. \_\_\_\_\_

Debtor

**SCHEDULE B - PERSONAL PROPERTY**  
(Continuation Sheet)

Type of Property	N O N E	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption
		<b>Hydraulic press</b>	-	<b>800.00</b>
		<b>Floor jack</b>	-	<b>500.00</b>
		<b>Misc. heavy tools</b>	-	<b>2,000.00</b>
		<b>Misc. auto parts and supplies</b>	-	<b>8,000.00</b>
		<b>Vehicle oil and fluids</b>	-	<b>4,500.00</b>
		<b>Rescue Equipment - specifics broken out previously as individual line items (as of 6/30/15)</b>	-	<b>257,604.79</b>
30. Inventory.	<b>X</b>			
31. Animals.	<b>X</b>			
32. Crops - growing or harvested. Give particulars.	<b>X</b>			
33. Farming equipment and implements.	<b>X</b>			
34. Farm supplies, chemicals, and feed.	<b>X</b>			
35. Other personal property of any kind not already listed. Itemize.	<b>X</b>			

Sub-Total > **273,404.79**  
(Total of this page)  
Total > **1,823,974.55**

(Report also on Summary of Schedules)

Sheet 5 of 5 continuation sheets attached  
to the Schedule of Personal Property

In re **Midwest Medical Services, Inc.**

Case No. \_\_\_\_\_

Debtor

**SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS**

State the name, mailing address, including zip code, and last four digits of any account number of all entities holding claims secured by property of the debtor as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. List creditors holding all types of secured interests such as judgment liens, garnishments, statutory liens, mortgages, deeds of trust, and other security interests.

List creditors in alphabetical order to the extent practicable. If a minor child is a creditor, the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). If all secured creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor", include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H", "W", "J", or "C" in the column labeled "Husband, Wife, Joint, or Community".

If the claim is contingent, place an "X" in the column labeled "Contingent". If the claim is unliquidated, place an "X" in the column labeled "Unliquidated". If the claim is disputed, place an "X" in the column labeled "Disputed". (You may need to place an "X" in more than one of these three columns.)

Total the columns labeled "Amount of Claim Without Deducting Value of Collateral" and "Unsecured Portion, if Any" in the boxes labeled "Total(s)" on the last sheet of the completed schedule. Report the total from the column labeled "Amount of Claim" also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report the total from the column labeled "Unsecured Portion" on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	H U S B A N D W I F E J O I N T C O M M U N I T Y	DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION, IF ANY
Account No.			<b>9/10/2013</b>					
<b>American Chartered Bank</b> <b>1199 E. Higgins Rd.</b> <b>Schaumburg, IL 60173</b>	<b>X</b>	-	<b>Promissory note</b>  <b>Promissory Note 2 - secured by business assets</b>					
			Value \$ <b>Unknown</b>				<b>211,299.96</b>	<b>Unknown</b>
Account No.			<b>1/29/2007</b>					
<b>American Chartered Bank</b> <b>1199 E. Higgins Rd.</b> <b>Schaumburg, IL 60173</b>		-	<b>Promissory note</b>  <b>Promissory Note 1 - secured by business assets</b>					
			Value \$ <b>Unknown</b>				<b>501,728.42</b>	<b>Unknown</b>
Account No.			<b>2/12/2014</b>					
<b>American Chartered Bank</b> <b>1199 E. Higgins Rd.</b> <b>Schaumburg, IL 60173</b>		-	<b>Promissory note</b>  <b>Promissory Note 3 - secured by business assets</b>					
			Value \$ <b>Unknown</b>				<b>136,412.90</b>	<b>Unknown</b>
Account No. <b>-5001</b>			<b>2013</b>					
<b>Healthcare and Family Services</b> <b>Administrative Services Unit</b> <b>404 N. 5th Street</b> <b>Springfield, IL 62702-5206</b>		-	<b>Installment withholding note</b>					
			Value \$ <b>0.00</b>				<b>1,921.85</b>	<b>1,921.85</b>
Subtotal (Total of this page)							<b>851,363.13</b>	<b>1,921.85</b>

1 continuation sheets attached

B6D (Official Form 6D) (12/07) - Cont.

In re **Midwest Medical Services, Inc.**

Case No. \_\_\_\_\_

Debtor

**SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	C O D E B O R R	H U S B A N D , W I F E , J O I N T , O R C O M M U N I T Y	DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION, IF ANY
Account No.			<b>Employee payroll taxes</b>					
<b>IL Dept. of Revenue Bankruptcy Dept. POB 19035 Springfield, IL 62794-9035</b>		-	<b>Payroll account seized by American Chartered Bank</b>					
			Value \$ <b>139,000.00</b>				<b>Unknown</b>	<b>Unknown</b>
Account No.			<b>4 leased ambulances</b>					
<b>Integrated Leasing 734 Walt Whitman Rd. Melville, NY 11747</b>		-						
			Value \$ <b>0.00</b>				<b>249,322.00</b>	<b>249,322.00</b>
Account No.			<b>Employee payroll taxes</b>					
<b>Internal Revenue Service Insolvency Section 230 S. Dearborn Street Chicago, IL 60604</b>		-	<b>Payroll account seized by American Chartered Bank</b>					
			Value \$ <b>139,000.00</b>				<b>Unknown</b>	<b>Unknown</b>
Account No.			<b>Letter of credit</b>					
<b>Royal Bank of Canada 12 East 49th Street 34th Floor New York, NY 10017-1028</b>		-						
			Value \$ <b>0.00</b>				<b>139,000.00</b>	<b>139,000.00</b>
Account No.								
			Value \$					
Subtotal							<b>388,322.00</b>	<b>388,322.00</b>
(Total of this page)								
Total							<b>1,239,685.13</b>	<b>390,243.85</b>
(Report on Summary of Schedules)								

Sheet **1** of **1** continuation sheets attached to  
Schedule of Creditors Holding Secured Claims

In re **Midwest Medical Services, Inc.**

Case No. \_\_\_\_\_

Debtor

## SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

A complete list of claims entitled to priority, listed separately by type of priority, is to be set forth on the sheets provided. Only holders of unsecured claims entitled to priority should be listed in this schedule. In the boxes provided on the attached sheets, state the name, mailing address, including zip code, and last four digits of the account number, if any, of all entities holding priority claims against the debtor or the property of the debtor, as of the date of the filing of the petition. Use a separate continuation sheet for each type of priority and label each with the type of priority.

The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. § 112 and Fed. R. Bankr. P. 1007(m).

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H-Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of claims listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all claims listed on this Schedule E in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules.

Report the total of amounts entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

Report the total of amounts not entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts not entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding unsecured priority claims to report on this Schedule E.

### TYPES OF PRIORITY CLAIMS (Check the appropriate box(es) below if claims in that category are listed on the attached sheets)

#### ☐ Domestic support obligations

Claims for domestic support that are owed to or recoverable by a spouse, former spouse, or child of the debtor, or the parent, legal guardian, or responsible relative of such a child, or a governmental unit to whom such a domestic support claim has been assigned to the extent provided in 11 U.S.C. § 507(a)(1).

#### ☐ Extensions of credit in an involuntary case

Claims arising in the ordinary course of the debtor's business or financial affairs after the commencement of the case but before the earlier of the appointment of a trustee or the order for relief. 11 U.S.C. § 507(a)(3).

#### ☒ Wages, salaries, and commissions

Wages, salaries, and commissions, including vacation, severance, and sick leave pay owing to employees and commissions owing to qualifying independent sales representatives up to \$12,475\* per person earned within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(4).

#### ☐ Contributions to employee benefit plans

Money owed to employee benefit plans for services rendered within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(5).

#### ☐ Certain farmers and fishermen

Claims of certain farmers and fishermen, up to \$6,150\* per farmer or fisherman, against the debtor, as provided in 11 U.S.C. § 507(a)(6).

#### ☐ Deposits by individuals

Claims of individuals up to \$2,775\* for deposits for the purchase, lease, or rental of property or services for personal, family, or household use, that were not delivered or provided. 11 U.S.C. § 507(a)(7).

#### ☐ Taxes and certain other debts owed to governmental units

Taxes, customs duties, and penalties owing to federal, state, and local governmental units as set forth in 11 U.S.C. § 507(a)(8).

#### ☒ Commitments to maintain the capital of an insured depository institution

Claims based on commitments to the FDIC, RTC, Director of the Office of Thrift Supervision, Comptroller of the Currency, or Board of Governors of the Federal Reserve System, or their predecessors or successors, to maintain the capital of an insured depository institution. 11 U.S.C. § 507(a)(9).

#### ☐ Claims for death or personal injury while debtor was intoxicated

Claims for death or personal injury resulting from the operation of a motor vehicle or vessel while the debtor was intoxicated from using alcohol, a drug, or another substance. 11 U.S.C. § 507(a)(10).

\* Amount subject to adjustment on 4/01/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.



In re **Midwest Medical Services, Inc.**

Case No. \_\_\_\_\_

Debtor

**SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS**  
(Continuation Sheet)

**Wages, salaries, and commissions**

TYPE OF PRIORITY

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	C O D E B O R	H W J C	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM	AMOUNT NOT ENTITLED TO PRIORITY, IF ANY
								AMOUNT ENTITLED TO PRIORITY
Account No.			<b>Unpaid wages</b>					
<b>Andrew Weber</b>								<b>0.00</b>
		-					<b>880.00</b>	<b>880.00</b>
Account No.			<b>Unpaid wages</b>					
<b>Anthony Carellas</b> <b>1155 West Ogden</b> <b>Naperville, IL 60563</b>								<b>0.00</b>
		-					<b>1,804.00</b>	<b>1,804.00</b>
Account No.			<b>Unpaid wages</b>					
<b>Armando Sandoval</b> <b>321 Hubbard Ave.</b> <b>Elgin, IL 60123</b>								<b>0.00</b>
		-					<b>2,106.00</b>	<b>2,106.00</b>
Account No.			<b>Unpaid wages - vacation</b>					
<b>Armando Sandoval</b> <b>321 Hubbard Ave.</b> <b>Elgin, IL 60123</b>								<b>0.00</b>
		-					<b>3,240.00</b>	<b>3,240.00</b>
Account No.			<b>Unpaid wages</b>					
<b>Askar Askar</b>								<b>0.00</b>
		-					<b>1,280.00</b>	<b>1,280.00</b>
Subtotal								<b>0.00</b>
(Total of this page)							<b>9,310.00</b>	<b>9,310.00</b>

Sheet **1** of **9** continuation sheets attached to  
Schedule of Creditors Holding Unsecured Priority Claims

In re **Midwest Medical Services, Inc.**

Case No. \_\_\_\_\_

Debtor

**SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS**  
(Continuation Sheet)

**Wages, salaries, and commissions**

TYPE OF PRIORITY

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	C O D E B O R	H W J C	Husband, Wife, Joint, or Community  DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM	AMOUNT NOT ENTITLED TO PRIORITY, IF ANY
								AMOUNT ENTITLED TO PRIORITY
Account No.			<b>Unpaid wages - Vacation</b>					
<b>Askar Askar</b>		-						<b>0.00</b>
							<b>1,280.00</b>	<b>1,280.00</b>
Account No.			<b>Unpaid wages</b>					
<b>Brian T. Witek 1364 West Fork Drive Lake Forest, IL 60045</b>		-						<b>0.00</b>
							<b>8,323.00</b>	<b>8,323.00</b>
Account No.			<b>Unpaid wages - vacation</b>					
<b>Brian T. Witek 1364 West Fork Drive Lake Forest, IL 60045</b>		-						<b>0.00</b>
							<b>10,531.00</b>	<b>10,531.00</b>
Account No.			<b>Unpaid wages</b>					
<b>Colleen Shea 100 George St., Apt. 608 Bensenville, IL 60106</b>		-						<b>0.00</b>
							<b>1,160.00</b>	<b>1,160.00</b>
Account No.			<b>Unpaid wages</b>					
<b>Daniel Dunne 601 Austin Ave. Geneva, IL 60134</b>		-						<b>0.00</b>
							<b>1,672.38</b>	<b>1,672.38</b>
Subtotal								<b>0.00</b>
(Total of this page)							<b>22,966.38</b>	<b>22,966.38</b>

Sheet **2** of **9** continuation sheets attached to  
Schedule of Creditors Holding Unsecured Priority Claims

B6E (Official Form 6E) (4/13) - Cont.

In re **Midwest Medical Services, Inc.**

Case No. \_\_\_\_\_

Debtor

**SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS**  
(Continuation Sheet)

**Wages, salaries, and commissions**

TYPE OF PRIORITY

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	C O D E B O R R	H W J C	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM	AMOUNT NOT ENTITLED TO PRIORITY, IF ANY
			DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM					AMOUNT ENTITLED TO PRIORITY
Account No.		-	Unpaid wages - vacation					
Daniel Dunne 601 Austin Ave. Geneva, IL 60134								0.00
4,038.00								4,038.00
Account No.		-	Unpaid wages					
David Farias 1984 Town Dr. Naperville, IL 60565								0.00
1,456.00								1,456.00
Account No.		-	Unpaid wages					
Derek Nicholson 3238 AJ Wilhelm Dr. Joliet, IL 60431								0.00
880.00								880.00
Account No.		-	Unpaid wages					
Eric Vanderploeg								0.00
0.00								0.00
Account No.		-	Unpaid wages					
Ernest Moffett								0.00
880.00								880.00
Subtotal								0.00
(Total of this page)							7,254.00	7,254.00

Sheet 3 of 9 continuation sheets attached to  
Schedule of Creditors Holding Unsecured Priority Claims

Sheet **3** of **9** continuation sheets attached to  
Schedule of Creditors Holding Unsecured Priority Claims

B6E (Official Form 6E) (4/13) - Cont.

In re **Midwest Medical Services, Inc.**

Case No. \_\_\_\_\_

Debtor

**SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS**  
(Continuation Sheet)

**Wages, salaries, and commissions**

TYPE OF PRIORITY

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	C O D E B O R R	H U S B A N D, W I F E, J O I N T, O R C O M M U N I T Y	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM	AMOUNT NOT ENTITLED TO PRIORITY, IF ANY
								AMOUNT ENTITLED TO PRIORITY
Account No.  <b>Ernest Moffett, Jr.</b>			<b>Unpaid wages</b>					0.00
		-					880.00	880.00
Account No.  <b>James Kaforski 33 N. Main St., 10E Lombard, IL 60148</b>			<b>Unpaid wages</b>					0.00
		-					880.00	880.00
Account No.  <b>Jay Vance</b>			<b>Unpaid wages</b>					0.00
		-					1,120.00	1,120.00
Account No.  <b>Jay Vance</b>			<b>Unpaid wages - vacation</b>					0.00
		-					560.00	560.00
Account No.  <b>Joy Both 429 W. Ottawa St. Sycamore, IL 60178</b>			<b>Unpaid wages</b>					0.00
		-					1,847.50	1,847.50
Subtotal (Total of this page)							5,287.50	0.00
							5,287.50	5,287.50

Sheet **4** of **9** continuation sheets attached to  
Schedule of Creditors Holding Unsecured Priority Claims

B6E (Official Form 6E) (4/13) - Cont.

In re **Midwest Medical Services, Inc.**

Case No. \_\_\_\_\_

Debtor

**SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS**  
(Continuation Sheet)

**Wages, salaries, and commissions**

TYPE OF PRIORITY

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	C O D E B O R	H W J C	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM	AMOUNT NOT ENTITLED TO PRIORITY, IF ANY
			DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM					AMOUNT ENTITLED TO PRIORITY
Account No.	-		Unpaid wages - vacation				1,770.00	
Joy Both 429 W. Ottawa St. Sycamore, IL 60178								0.00
								1,770.00
Account No.	-		Unpaid wages - vacation				4,038.00	
Justin Muchow 3257 N. Newland Ave. Chicago, IL 60634								0.00
								4,038.00
Account No.	-		Unpaid wages				1,672.38	
Justin Muchow 3257 N. Newland Ave. Chicago, IL 60634								0.00
								1,672.38
Account No.	-		Unpaid wages				1,792.00	
Kevin Davis								0.00
								1,792.00
Account No.	-		Unpaid wages - vacation				560.00	
Kevin Davis								0.00
								560.00
Subtotal								0.00
(Total of this page)							9,832.38	9,832.38

Sheet 5 of 9 continuation sheets attached to  
Schedule of Creditors Holding Unsecured Priority Claims

Sheet **5** of **9** continuation sheets attached to  
Schedule of Creditors Holding Unsecured Priority Claims

B6E (Official Form 6E) (4/13) - Cont.

In re **Midwest Medical Services, Inc.**

Case No. \_\_\_\_\_

Debtor

**SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS**  
(Continuation Sheet)

**Wages, salaries, and commissions**

TYPE OF PRIORITY

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	C O D E B O R	H W J C	Husband, Wife, Joint, or Community  DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM	AMOUNT NOT ENTITLED TO PRIORITY, IF ANY
								AMOUNT ENTITLED TO PRIORITY
Account No.			<b>Unpaid wages</b>				<b>1,456.00</b>	
<b>Kevin Purvis</b> <b>193 Key Largo Drive</b> <b>Romeoville, IL 60446</b>		-						<b>0.00</b>
								<b>1,456.00</b>
Account No.			<b>Unpaid wages - vacation</b>				<b>560.00</b>	
<b>Kevin Purvis</b> <b>193 Key Largo Drive</b> <b>Romeoville, IL 60446</b>		-						<b>0.00</b>
								<b>560.00</b>
Account No.			<b>Unpaid wages</b>				<b>1,344.00</b>	
<b>Mike Ludwig</b> <b>98355 Harlem Ave., Unit S</b> <b>Chicago Ridge, IL 60415</b>		-						<b>0.00</b>
								<b>1,344.00</b>
Account No.			<b>Unpaid wages - vacation</b>				<b>640.00</b>	
<b>Mike Ludwig</b> <b>98355 Harlem Ave., Unit S</b> <b>Chicago Ridge, IL 60415</b>		-						<b>0.00</b>
								<b>640.00</b>
Account No.			<b>Unpaid wages</b>				<b>1,481.00</b>	
<b>Natalie Fishburn</b> <b>321 Hubbard Ave.</b> <b>Elgin, IL 60123</b>		-						<b>0.00</b>
								<b>1,481.00</b>
Subtotal								<b>0.00</b>
(Total of this page)							<b>5,481.00</b>	<b>5,481.00</b>

Sheet **6** of **9** continuation sheets attached to  
Schedule of Creditors Holding Unsecured Priority Claims

B6E (Official Form 6E) (4/13) - Cont.

In re **Midwest Medical Services, Inc.**

Case No. \_\_\_\_\_

Debtor

**SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS**  
(Continuation Sheet)

**Wages, salaries, and commissions**

TYPE OF PRIORITY

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	C O D E B O R	H W J C	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM	AMOUNT NOT ENTITLED TO PRIORITY, IF ANY
			DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM					AMOUNT ENTITLED TO PRIORITY
Account No.	-		Unpaid wages - vacation					
Natalie Fishburn 321 Hubbard Ave. Elgin, IL 60123								0.00
								2,961.60
Account No.	-		Unpaid wages					
Rodney Shiflet 311 Drewsbury Lane Romeoville, IL 60446								Unknown
								Unknown
Account No.	-		Unpaid wages					
Scott McCarthy								0.00
								1,672.38
Account No.	-		Unpaid wages - vacation					
Scott McCarthy								0.00
								4,038.00
Account No.	-		Unpaid wages					
Sue Diaz 3727 E. 2603rd Rd., Unit 1 Sheridan, IL 60551								0.00
								1,722.00
Subtotal								0.00
(Total of this page)							10,393.98	10,393.98

Sheet 7 of 9 continuation sheets attached to  
Schedule of Creditors Holding Unsecured Priority Claims

Sheet **7** of **9** continuation sheets attached to  
Schedule of Creditors Holding Unsecured Priority Claims

B6E (Official Form 6E) (4/13) - Cont.

In re **Midwest Medical Services, Inc.**

Case No. \_\_\_\_\_

Debtor

**SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS**  
(Continuation Sheet)

**Wages, salaries, and commissions**

TYPE OF PRIORITY

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	C O D E B O R	H W J C	Husband, Wife, Joint, or Community	D A T E C L A I M W A S I N C U R R E D A N D C O N S I D E R A T I O N F O R C L A I M	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM	AMOUNT NOT ENTITLED TO PRIORITY, IF ANY
									AMOUNT ENTITLED TO PRIORITY
Account No.									
Vince Main				Unpaid wages					0.00
								960.00	960.00
Account No.									
Account No.									
Account No.									
Account No.									
Subtotal								960.00	0.00
(Total of this page)								960.00	960.00

Sheet **8** of **9** continuation sheets attached to  
Schedule of Creditors Holding Unsecured Priority Claims



In re **Midwest Medical Services, Inc.**

Case No. \_\_\_\_\_

Debtor

## SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

(Continuation Sheet)

### Commitments to Maintain the Capital of an Insured Depository Institution

#### TYPE OF PRIORITY

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	C O D E B O R	H W J C	Husband, Wife, Joint, or Community  DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM	AMOUNT NOT ENTITLED TO PRIORITY, IF ANY
								AMOUNT ENTITLED TO PRIORITY
Account No.			<b>Commercial lease for 1707 Quincy Ave., Unit 141, Naperville, IL 60540</b>				<b>12,034.00</b>	
<b>Naper Small Business Park, LLC 1805 High Grove Lane Naperville, IL 60540</b>		-						<b>0.00</b>
								<b>12,034.00</b>
Account No.								
Account No.								
Account No.								
Account No.								

Sheet **9** of **9** continuation sheets attached to  
Schedule of Creditors Holding Unsecured Priority Claims

Subtotal  
(Total of this page)

**12,034.00**

**0.00**  
**12,034.00**

Total  
(Report on Summary of Schedules)

**83,519.24**

**0.00**  
**83,519.24**

In re **Midwest Medical Services, Inc.**

Case No. \_\_\_\_\_

Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

State the name, mailing address, including zip code, and last four digits of any account number, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report this total also on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding unsecured claims to report on this Schedule F.

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R  H W J C	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. <b>-8928</b>  <b>Aetna</b> <b>151 Farmington Avenue</b> <b>Hartford, CT 06156</b>	-	<b>2013</b>  <b>Refund request - ambulance services</b>				<b>309.62</b>
Account No.  <b>Brian Witek</b> <b>1364 West Fork</b> <b>Lake Forest, IL 60045</b>	-	<b>Shareholder loans</b>				<b>1,192,742.95</b>
Account No.  <b>E. Benjamin Buttolph</b> <b>The CFO Pros</b> <b>233 S. Wacker Drive, 84th Floor</b> <b>Chicago, IL 60606</b>	-	<b>NOTICE ONLY - Receiver appointed in American Chartered bank vs Midwest Medical Services, Inc. Case No. 2015 CH 001573</b>				<b>0.00</b>
Account No. <b>-5937</b>  <b>Payment Resolution Services</b> <b>Attn: MSC 410837</b> <b>POB 415000</b> <b>Nashville, TN 37241-0837</b>	-	<b>2013</b>  <b>Refund request - ambulance services</b>				<b>309.62</b>
Subtotal (Total of this page)						<b>1,193,362.19</b>
Total (Report on Summary of Schedules)						<b>1,193,362.19</b>

0 continuation sheets attached

In re **Midwest Medical Services, Inc.**

Case No. \_\_\_\_\_

Debtor

## SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES

Describe all executory contracts of any nature and all unexpired leases of real or personal property. Include any timeshare interests. State nature of debtor's interest in contract, i.e., "Purchaser", "Agent", etc. State whether debtor is the lessor or lessee of a lease. Provide the names and complete mailing addresses of all other parties to each lease or contract described. If a minor child is a party to one of the leases or contracts, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

☐ Check this box if debtor has no executory contracts or unexpired leases.

Name and Mailing Address, Including Zip Code, of Other Parties to Lease or Contract	Description of Contract or Lease and Nature of Debtor's Interest. State whether lease is for nonresidential real property. State contract number of any government contract.
<b>Integrated Solutions Group, Ltd.</b> <b>214 N. Hale Street</b> <b>Wheaton, IL 60187</b>	<b>Consulting agreement</b> <b>\$3,000.00/month</b>
<b>Naper Small Business, LLC</b> <b>1805 High Grove Lane</b> <b>Naperville, IL 60540</b>	<b>Commercial lease for 1707 Quincy Ave., Unit 141,</b> <b>Naperville, IL 60540</b> <b>\$5,280.00/month for 25 months</b> <b>\$12,034.00</b>

In re **Midwest Medical Services, Inc.**

Case No. \_\_\_\_\_

Debtor

## SCHEDULE H - CODEBTORS

Provide the information requested concerning any person or entity, other than a spouse in a joint case, that is also liable on any debts listed by debtor in the schedules of creditors. Include all guarantors and co-signers. If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within the eight year period immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state, commonwealth, or territory. Include all names used by the nondebtor spouse during the eight years immediately preceding the commencement of this case. If a minor child is a codebtor or a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

☐ Check this box if debtor has no codebtors.

NAME AND ADDRESS OF CODEBTOR	NAME AND ADDRESS OF CREDITOR
<b>Brian T. Witek</b> <b>1364 West Fork Drive</b> <b>Lake Forest, IL 60045</b> <b>Personal guarantor of loans/line of credit</b>	<b>American Chartered Bank</b> <b>1199 E. Higgins Rd.</b> <b>Schaumburg, IL 60173</b>

**United States Bankruptcy Court  
Northern District of Illinois Eastern Division**

In re **Midwest Medical Services, Inc.**

Debtor(s)

Case No.  
Chapter

**7**

**DECLARATION CONCERNING DEBTOR'S SCHEDULES**

DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF CORPORATION OR PARTNERSHIP

I, the of the corporation named as debtor in this case, declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of **24** sheets, and that they are true and correct to the best of my knowledge, information, and belief.

Date **October 1, 2015**

Signature **/s/ Brian T. Witek**  
**Brian T. Witek**

*Penalty for making a false statement or concealing property:* Fine of up to \$500,000 or imprisonment for up to 5 years or both.  
18 U.S.C. §§ 152 and 3571.

B7 (Official Form 7) (04/13)

**United States Bankruptcy Court  
Northern District of Illinois Eastern Division**

In re **Midwest Medical Services, Inc.**

Debtor(s)

Case No.

Chapter

**7**

**STATEMENT OF FINANCIAL AFFAIRS**

This statement is to be completed by every debtor. Spouses filing a joint petition may file a single statement on which the information for both spouses is combined. If the case is filed under chapter 12 or chapter 13, a married debtor must furnish information for both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. An individual debtor engaged in business as a sole proprietor, partner, family farmer, or self-employed professional, should provide the information requested on this statement concerning all such activities as well as the individual's personal affairs. To indicate payments, transfers and the like to minor children, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. § 112; Fed. R. Bankr. P. 1007(m).

Questions 1 - 18 are to be completed by all debtors. Debtors that are or have been in business, as defined below, also must complete Questions 19 - 25. **If the answer to an applicable question is "None," mark the box labeled "None."** If additional space is needed for the answer to any question, use and attach a separate sheet properly identified with the case name, case number (if known), and the number of the question.

*DEFINITIONS*

*"In business."* A debtor is "in business" for the purpose of this form if the debtor is a corporation or partnership. An individual debtor is "in business" for the purpose of this form if the debtor is or has been, within six years immediately preceding the filing of this bankruptcy case, any of the following: an officer, director, managing executive, or owner of 5 percent or more of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership; a sole proprietor or self-employed full-time or part-time. An individual debtor also may be "in business" for the purpose of this form if the debtor engages in a trade, business, or other activity, other than as an employee, to supplement income from the debtor's primary employment.

*"Insider."* The term "insider" includes but is not limited to: relatives of the debtor; general partners of the debtor and their relatives; corporations of which the debtor is an officer, director, or person in control; officers, directors, and any persons in control of a corporate debtor and their relatives; affiliates of the debtor and insiders of such affiliates; and any managing agent of the debtor. 11 U.S.C. § 101(2), (31).

**1. Income from employment or operation of business**

None

☐

State the gross amount of income the debtor has received from employment, trade, or profession, or from operation of the debtor's business, including part-time activities either as an employee or in independent trade or business, from the beginning of this calendar year to the date this case was commenced. State also the gross amounts received during the **two years** immediately preceding this calendar year. (A debtor that maintains, or has maintained, financial records on the basis of a fiscal rather than a calendar year may report fiscal year income. Identify the beginning and ending dates of the debtor's fiscal year.) If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income of both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT  
**\$971,504.67**

SOURCE  
**2015 YTD (through 2Q): Midwest Medical Services, Inc. - business operations**

**\$2,788,334.00**

**2014: Midwest Medical Services, Inc. - business operations**

**\$5,138,579.00**

**2013: Midwest Medical Services, Inc. - business operations**

**2. Income other than from employment or operation of business**

None

☐

State the amount of income received by the debtor other than from employment, trade, profession, or operation of the debtor's business during the **two years** immediately preceding the commencement of this case. Give particulars. If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income for each spouse whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT  
**\$525,000.00**

SOURCE  
**2015 YTD: Sale of Assets - 10/1/13 (see #10)**

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AMOUNT  
\$22,000.00

SOURCE  
2014: Sale of Assets - 12/31/14 (see #10)

### 3. Payments to creditors

None ☒ Complete a. or b., as appropriate, and c.

a. *Individual or joint debtor(s) with primarily consumer debts:* List all payments on loans, installment purchases of goods or services, and other debts to any creditor made within **90 days** immediately preceding the commencement of this case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$600. Indicate with an asterisk (\*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR	DATES OF PAYMENTS	AMOUNT PAID	AMOUNT STILL OWING
------------------------------	-------------------	-------------	--------------------

None ☐ b. *Debtor whose debts are not primarily consumer debts:* List each payment or other transfer to any creditor made within **90 days** immediately preceding the commencement of the case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$6,225\*. If the debtor is an individual, indicate with an asterisk (\*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments and other transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR	DATES OF PAYMENTS/ TRANSFERS	AMOUNT PAID OR VALUE OF TRANSFERS	AMOUNT STILL OWING
Catalyst Insurance Co. 1807 W. Sunnyside Ave, #1AAA Chicago, IL 60640	9/1/15	\$30,000.00	\$0.00

None ☒ c. *All debtors:* List all payments made within **one year** immediately preceding the commencement of this case to or for the benefit of creditors who are or were insiders. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR AND RELATIONSHIP TO DEBTOR	DATE OF PAYMENT	AMOUNT PAID	AMOUNT STILL OWING
--	-----------------	-------------	--------------------

### 4. Suits and administrative proceedings, executions, garnishments and attachments

None ☐ a. List all suits and administrative proceedings to which the debtor is or was a party within **one year** immediately preceding the filing of this bankruptcy case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

CAPTION OF SUIT AND CASE NUMBER	NATURE OF PROCEEDING	COURT OR AGENCY AND LOCATION	STATUS OR DISPOSITION
American Chartered Bank vs. Midwest Medical Services, Inc. 2015 CH 001573	Foreclosure	Circuit Court of the 18th Judicial Circuit County of DuPage, IL	Pending
CKVAMB, LLC vs Midwest Medical Services, Inc., Michael D. Hansen, and Brian T. Witek 14 CH 2337	Breach of contract	Circuit Court of Cook County, IL County Department, Chancery Division	Pending
Naper Small Business Park, LLC vs Midwest Medical Services, Inc. 2015 LM 002571	Forcible entry and detainer	Circuit Court of the 18th Judicial Circuit County of DuPage, IL	Pending

\* Amount subject to adjustment on 4/01/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

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CAPTION OF SUIT  
AND CASE NUMBER

**Jerald Gordon vs Midwest Medical Services, Inc.  
and Brian Witek**

NATURE OF  
PROCEEDING

**Breach of  
contract**

COURT OR AGENCY  
AND LOCATION

**Circuit Court of the 18th Judicial  
Circuit  
County of DuPage, IL**

STATUS OR  
DISPOSITION

**Judgment**

None

☐

b. Describe all property that has been attached, garnished or seized under any legal or equitable process within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF PERSON FOR WHOSE  
BENEFIT PROPERTY WAS SEIZED

**American Chartered Bank  
1199 E. Higgins Rd.  
Schaumburg, IL 60173**

DATE OF SEIZURE

**9/11/15**

DESCRIPTION AND VALUE OF  
PROPERTY

**Corporate payroll account (\$139,000.00)**

**5. Repossessions, foreclosures and returns**

None

☒

List all property that has been repossessed by a creditor, sold at a foreclosure sale, transferred through a deed in lieu of foreclosure or returned to the seller, within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF  
CREDITOR OR SELLER

DATE OF REPOSSESSION,  
FORECLOSURE SALE,  
TRANSFER OR RETURN

DESCRIPTION AND VALUE OF  
PROPERTY

**6. Assignments and receiverships**

None

☒

a. Describe any assignment of property for the benefit of creditors made within **120 days** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include any assignment by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF ASSIGNEE

DATE OF  
ASSIGNMENT

TERMS OF ASSIGNMENT OR SETTLEMENT

None

☐

b. List all property which has been in the hands of a custodian, receiver, or court-appointed official within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS  
OF CUSTODIAN

**E. Benjamin Buttolph  
The CFO Pros, Inc.  
233 South Wacker Drive, 84th Floor  
Chicago, IL 60606**

NAME AND LOCATION  
OF COURT  
CASE TITLE & NUMBER

**DuPage County  
American Chartered bank vs  
Midwest Medical Services, Inc.**

DATE OF  
ORDER

**9/18/15**

DESCRIPTION AND VALUE OF  
PROPERTY

**All assets**

**7. Gifts**

None

☒

List all gifts or charitable contributions made within **one year** immediately preceding the commencement of this case except ordinary and usual gifts to family members aggregating less than \$200 in value per individual family member and charitable contributions aggregating less than \$100 per recipient. (Married debtors filing under chapter 12 or chapter 13 must include gifts or contributions by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF  
PERSON OR ORGANIZATION

RELATIONSHIP TO  
DEBTOR, IF ANY

DATE OF GIFT

DESCRIPTION AND  
VALUE OF GIFT



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### 8. Losses

- None ☒ List all losses from fire, theft, other casualty or gambling within **one year** immediately preceding the commencement of this case **or since the commencement of this case**. (Married debtors filing under chapter 12 or chapter 13 must include losses by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

DESCRIPTION AND VALUE OF PROPERTY	DESCRIPTION OF CIRCUMSTANCES AND, IF LOSS WAS COVERED IN WHOLE OR IN PART BY INSURANCE, GIVE PARTICULARS	DATE OF LOSS
-----------------------------------	--	--------------

### 9. Payments related to debt counseling or bankruptcy

- None ☐ List all payments made or property transferred by or on behalf of the debtor to any persons, including attorneys, for consultation concerning debt consolidation, relief under the bankruptcy law or preparation of the petition in bankruptcy within **one year** immediately preceding the commencement of this case.

NAME AND ADDRESS OF PAYEE	DATE OF PAYMENT, NAME OF PAYER IF OTHER THAN DEBTOR	AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY
Carl F. Safanda Safanda Law Firm 111 East Side Drive Geneva, IL 60134-2402	September 2015	\$2,200.00

### 10. Other transfers

- None ☐ a. List all other property, other than property transferred in the ordinary course of the business or financial affairs of the debtor, transferred either absolutely or as security within **two years** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF TRANSFEREE, RELATIONSHIP TO DEBTOR	DATE	DESCRIBE PROPERTY TRANSFERRED AND VALUE RECEIVED
CKVAMB, LLC 9850 W. 190 St., Ste. A Tinley Park, IL 60477 No relation	10/1/2013	Assumed name and vehicles for \$525,000.00
Creditor Name Here	12/31/2014	Vehicles \$22,000.00
Creditor Name Here	6/30/2014	Closed Chicago location Leasehold improvements

- None ☒ b. List all property transferred by the debtor within **ten years** immediately preceding the commencement of this case to a self-settled trust or similar device of which the debtor is a beneficiary.

NAME OF TRUST OR OTHER DEVICE	DATE(S) OF TRANSFER(S)	AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY OR DEBTOR'S INTEREST IN PROPERTY
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### 11. Closed financial accounts

- None ☒ List all financial accounts and instruments held in the name of the debtor or for the benefit of the debtor which were closed, sold, or otherwise transferred within **one year** immediately preceding the commencement of this case. Include checking, savings, or other financial accounts, certificates of deposit, or other instruments; shares and share accounts held in banks, credit unions, pension funds, cooperatives, associations, brokerage houses and other financial institutions. (Married debtors filing under chapter 12 or chapter 13 must include information concerning accounts or instruments held by or for either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF INSTITUTION	TYPE OF ACCOUNT, LAST FOUR DIGITS OF ACCOUNT NUMBER, AND AMOUNT OF FINAL BALANCE	AMOUNT AND DATE OF SALE OR CLOSING
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## 12. Safe deposit boxes

None ☒ List each safe deposit or other box or depository in which the debtor has or had securities, cash, or other valuables within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include boxes or depositories of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF BANK OR OTHER DEPOSITORY	NAMES AND ADDRESSES OF THOSE WITH ACCESS TO BOX OR DEPOSITORY	DESCRIPTION OF CONTENTS	DATE OF TRANSFER OR SURRENDER, IF ANY
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## 13. Setoffs

None ☒ List all setoffs made by any creditor, including a bank, against a debt or deposit of the debtor within **90 days** preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR	DATE OF SETOFF	AMOUNT OF SETOFF
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## 14. Property held for another person

None ☒ List all property owned by another person that the debtor holds or controls.

NAME AND ADDRESS OF OWNER	DESCRIPTION AND VALUE OF PROPERTY	LOCATION OF PROPERTY
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## 15. Prior address of debtor

None ☐ If the debtor has moved within **three years** immediately preceding the commencement of this case, list all premises which the debtor occupied during that period and vacated prior to the commencement of this case. If a joint petition is filed, report also any separate address of either spouse.

ADDRESS	NAME USED	DATES OF OCCUPANCY
5567 N. Elston Ave., Chicago, IL 60630	Midwest Medical Services, Inc.	6/30/2014

## 16. Spouses and Former Spouses

None ☒ If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within **eight years** immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state.

NAME

## 17. Environmental Information.

For the purpose of this question, the following definitions apply:

"Environmental Law" means any federal, state, or local statute or regulation regulating pollution, contamination, releases of hazardous or toxic substances, wastes or material into the air, land, soil, surface water, groundwater, or other medium, including, but not limited to, statutes or regulations regulating the cleanup of these substances, wastes, or material.

"Site" means any location, facility, or property as defined under any Environmental Law, whether or not presently or formerly owned or operated by the debtor, including, but not limited to, disposal sites.

"Hazardous Material" means anything defined as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, or contaminant or similar term under an Environmental Law

None ☒ a. List the name and address of every site for which the debtor has received notice in writing by a governmental unit that it may be liable or potentially liable under or in violation of an Environmental Law. Indicate the governmental unit, the date of the notice, and, if known, the Environmental Law:

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SITE NAME AND ADDRESS	NAME AND ADDRESS OF GOVERNMENTAL UNIT	DATE OF NOTICE	ENVIRONMENTAL LAW
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None ☒ b. List the name and address of every site for which the debtor provided notice to a governmental unit of a release of Hazardous Material. Indicate the governmental unit to which the notice was sent and the date of the notice.

SITE NAME AND ADDRESS	NAME AND ADDRESS OF GOVERNMENTAL UNIT	DATE OF NOTICE	ENVIRONMENTAL LAW
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None ☒ c. List all judicial or administrative proceedings, including settlements or orders, under any Environmental Law with respect to which the debtor is or was a party. Indicate the name and address of the governmental unit that is or was a party to the proceeding, and the docket number.

NAME AND ADDRESS OF GOVERNMENTAL UNIT	DOCKET NUMBER	STATUS OR DISPOSITION
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**18 . Nature, location and name of business**

None ☐ a. *If the debtor is an individual*, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was an officer, director, partner, or managing executive of a corporation, partner in a partnership, sole proprietor, or was self-employed in a trade, profession, or other activity either full- or part-time within **six years** immediately preceding the commencement of this case, or in which the debtor owned 5 percent or more of the voting or equity securities within **six years** immediately preceding the commencement of this case.

*If the debtor is a partnership*, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities, within **six years** immediately preceding the commencement of this case.

*If the debtor is a corporation*, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities within **six years** immediately preceding the commencement of this case.

NAME	LAST FOUR DIGITS OF SOCIAL-SECURITY OR OTHER INDIVIDUAL TAXPAYER-I.D. NO. (ITIN)/ COMPLETE EIN	ADDRESS	NATURE OF BUSINESS	BEGINNING AND ENDING DATES
Midwest Medical Services, Inc.	36-4403265	1707 Quincy Avenue, Unit 141 Naperville, IL 60540	Ambulance services	11/9/2000 to present

None ☒ b. Identify any business listed in response to subdivision a., above, that is "single asset real estate" as defined in 11 U.S.C. § 101.

NAME	ADDRESS
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The following questions are to be completed by every debtor that is a corporation or partnership and by any individual debtor who is or has been, within **six years** immediately preceding the commencement of this case, any of the following: an officer, director, managing executive, or owner of more than 5 percent of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership, a sole proprietor, or self-employed in a trade, profession, or other activity, either full- or part-time.

(An individual or joint debtor should complete this portion of the statement **only** if the debtor is or has been in business, as defined above, within six years immediately preceding the commencement of this case. A debtor who has not been in business within those six years should go directly to the signature page.)

**19. Books, records and financial statements**

None ☐ a. List all bookkeepers and accountants who within **two years** immediately preceding the filing of this bankruptcy case kept or supervised the keeping of books of account and records of the debtor.

NAME AND ADDRESS	DATES SERVICES RENDERED
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NAME AND ADDRESS

**Miriani & Associates, Ltd.**  
**40 Shuman Blvd., Suite 150**  
**Naperville, IL 60563**

DATES SERVICES RENDERED

**Prepared 2014 Tax Returns and**  
**Quarterly Balance Sheets**

None



b. List all firms or individuals who within the **two years** immediately preceding the filing of this bankruptcy case have audited the books of account and records, or prepared a financial statement of the debtor.

NAME

ADDRESS

DATES SERVICES RENDERED

None



c. List all firms or individuals who at the time of the commencement of this case were in possession of the books of account and records of the debtor. If any of the books of account and records are not available, explain.

NAME

ADDRESS

None



d. List all financial institutions, creditors and other parties, including mercantile and trade agencies, to whom a financial statement was issued by the debtor within **two years** immediately preceding the commencement of this case.

NAME AND ADDRESS

**American Chartered Bank**  
**1199 E. Higgins Rd.**  
**Schaumburg, IL 60173**

DATE ISSUED

**Quarterly in the 2-year period**

**20. Inventories**

None



a. List the dates of the last two inventories taken of your property, the name of the person who supervised the taking of each inventory, and the dollar amount and basis of each inventory.

DATE OF INVENTORY  
**2013**

INVENTORY SUPERVISOR  
**Ken Koval**

DOLLAR AMOUNT OF INVENTORY  
 (Specify cost, market or other basis)  
**Unknown**

None



b. List the name and address of the person having possession of the records of each of the inventories reported in a., above.

DATE OF INVENTORY  
**2013**

NAME AND ADDRESSES OF CUSTODIAN OF INVENTORY  
 RECORDS  
**Michael Hansen**  
**214 Hale Steet**  
**Wheaton, IL 60187**

**21. Current Partners, Officers, Directors and Shareholders**

None



a. If the debtor is a partnership, list the nature and percentage of partnership interest of each member of the partnership.

NAME AND ADDRESS

NATURE OF INTEREST

PERCENTAGE OF INTEREST

None



b. If the debtor is a corporation, list all officers and directors of the corporation, and each stockholder who directly or indirectly owns, controls, or holds 5 percent or more of the voting or equity securities of the corporation.

NAME AND ADDRESS

**Brian T. Witek**  
**1364 West Fork Drive**  
**Lake Forest, IL 60045**

TITLE

**President/Secretary**

NATURE AND PERCENTAGE  
 OF STOCK OWNERSHIP  
**53% ownership**

**Michael D. Hansen**  
**214 N. Hale Street**  
**Wheaton, IL 60187**

**Secretary/Director**

**22% ownership**

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NAME AND ADDRESS	TITLE	NATURE AND PERCENTAGE OF STOCK OWNERSHIP
<b>Larry Dyjak</b> <b>8265 Archer Ave., #2000</b> <b>Willow Springs, IL 60480</b>		<b>10% ownership</b>
<b>Gerard Mitrenga</b> <b>2559 N. St. Louis Ave.</b> <b>Chicago, IL 60647</b>		<b>10% ownership</b>
<b>Ken Koval</b> <b>6651 South Keeler Ave.</b> <b>Chicago, IL 60629</b>		<b>5% ownership</b>

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**22 . Former partners, officers, directors and shareholders**

None ☒ a. If the debtor is a partnership, list each member who withdrew from the partnership within **one year** immediately preceding the commencement of this case.

NAME	ADDRESS	DATE OF WITHDRAWAL
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None ☐ b. If the debtor is a corporation, list all officers, or directors whose relationship with the corporation terminated within **one year** immediately preceding the commencement of this case.

NAME AND ADDRESS	TITLE	DATE OF TERMINATION
<b>Michael D. Hansen</b> <b>214 Hale Street</b> <b>Wheaton, IL 60187</b>	<b>Secretary/Director</b>	<b>2014</b>

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**23 . Withdrawals from a partnership or distributions by a corporation**

None ☐ If the debtor is a partnership or corporation, list all withdrawals or distributions credited or given to an insider, including compensation in any form, bonuses, loans, stock redemptions, options exercised and any other perquisite during **one year** immediately preceding the commencement of this case.

NAME & ADDRESS OF RECIPIENT, RELATIONSHIP TO DEBTOR	DATE AND PURPOSE OF WITHDRAWAL	AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY
<b>Michael D. Hansen</b> <b>214 Hale Street</b> <b>Wheaton, IL 60187</b>	<b>10/1/13</b>	<b>\$150,000.00</b>

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**24. Tax Consolidation Group.**

None ☒ If the debtor is a corporation, list the name and federal taxpayer identification number of the parent corporation of any consolidated group for tax purposes of which the debtor has been a member at any time within **six years** immediately preceding the commencement of the case.

NAME OF PARENT CORPORATION	TAXPAYER IDENTIFICATION NUMBER (EIN)
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**25. Pension Funds.**

None ☒ If the debtor is not an individual, list the name and federal taxpayer-identification number of any pension fund to which the debtor, as an employer, has been responsible for contributing at any time within **six years** immediately preceding the commencement of the case.

NAME OF PENSION FUND	TAXPAYER IDENTIFICATION NUMBER (EIN)
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\* \* \* \* \*

**DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF CORPORATION OR PARTNERSHIP**

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I declare under penalty of perjury that I have read the answers contained in the foregoing statement of financial affairs and any attachments thereto and that they are true and correct to the best of my knowledge, information and belief.

Date **October 1, 2015**

Signature **/s/ Brian T. Witek**  
**Brian T. Witek**

[An individual signing on behalf of a partnership or corporation must indicate position or relationship to debtor.]

*Penalty for making a false statement: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571*

United States Bankruptcy Court  
Northern District of Illinois Eastern Division

In re **Midwest Medical Services, Inc.**

Debtor(s)

Case No.

Chapter **7**

**DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR(S)**

1. Pursuant to 11 U.S.C. § 329(a) and Bankruptcy Rule 2016(b), I certify that I am the attorney for the above-named debtor and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept .....	\$	<b>2,200.00</b>
Prior to the filing of this statement I have received .....	\$	<b>2,200.00</b>
Balance Due .....	\$	<b>0.00</b>

2. The source of the compensation paid to me was:

☒ Debtor ☐ Other (specify):

3. The source of compensation to be paid to me is:

☒ Debtor ☐ Other (specify):

4. ☒ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

☐ I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation is attached.

5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

- a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
- b. Preparation and filing of any petition, schedules, statement of affairs and plan which may be required;
- c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;
- d. [Other provisions as needed]

**Negotiations with secured creditors to reduce to market value; exemption planning; preparation and filing of reaffirmation agreements and applications as needed; preparation and filing of motions pursuant to 11 USC 522(f)(2)(A) for avoidance of liens on household goods.**

6. By agreement with the debtor(s), the above-disclosed fee does not include the following service:

**Representation of the debtors in any dischargeability actions, judicial lien avoidances, relief from stay actions or any other adversary proceeding.**

**CERTIFICATION**

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

Dated: **October 1, 2015**

**/s/ Carl F. Safanda**  
**Carl F. Safanda 2440695**  
**Safanda Law Firm**  
**111 East Side Drive**  
**Geneva, IL 60134-2402**  
**(630) 262-1761 Fax: (630) 262-1764**  
**Plegal@xnet.com**

**United States Bankruptcy Court  
Northern District of Illinois Eastern Division**

In re **Midwest Medical Services, Inc.** Debtor(s) Case No. \_\_\_\_\_  
Chapter **7**

**VERIFICATION OF CREDITOR MATRIX**

Number of Creditors: **37**

The above-named Debtor(s) hereby verifies that the list of creditors is true and correct to the best of my (our) knowledge.

Date: **October 1, 2015**

**/s/ Brian T. Witek**  
**Brian T. Witek/**  
Signer/Title



Aetna  
151 Farmington Avenue  
Hartford, CT 06156

American Chartered Bank  
1199 E. Higgins Rd.  
Schaumburg, IL 60173

Andrew Weber

Anthony Carellas  
1155 West Ogden  
Naperville, IL 60563

Armando Sandoval  
321 Hubbard Ave.  
Elgin, IL 60123

Askar Askar

Brian T. Witek  
1364 West Fork Drive  
Lake Forest, IL 60045

Brian Witek  
1364 West Fork  
Lake Forest, IL 60045

Colleen Shea  
100 George St., Apt. 608  
Bensenville, IL 60106

Daniel Dunne  
601 Austin Ave.  
Geneva, IL 60134

David Farias  
1984 Town Dr.  
Naperville, IL 60565

Derek Nicholson  
3238 AJ Wilhelm Dr.  
Joliet, IL 60431

E. Benjamin Buttolph  
The CFO Pros  
233 S. Wacker Drive, 84th Floor  
Chicago, IL 60606

Eric Vanderploeg

Ernest Moffett

Ernest Moffett, Jr.

Healthcare and Family Services  
Administrative Services Unit  
404 N. 5th Street  
Springfield, IL 62702-5206

IL Dept. of Revenue  
Bankruptcy Dept.  
POB 19035  
Springfield, IL 62794-9035

Integrated Leasing  
734 Walt Whitman Rd.  
Melville, NY 11747

Integrated Solutions Group, Ltd.  
214 N. Hale Street  
Wheaton, IL 60187

Internal Revenue Service  
Insolvency Section  
230 S. Dearborn Street  
Chicago, IL 60604

James Kaforski  
33 N. Main St., 10E  
Lombard, IL 60148

Jay Vance

Joy Both  
429 W. Ottawa St.  
Sycamore, IL 60178

Justin Muchow  
3257 N. Newland Ave.  
Chicago, IL 60634

Kevin Davis

Kevin Purvis  
193 Key Largo Drive  
Romeoville, IL 60446

Mike Ludwig  
98355 Harlem Ave., Unit S  
Chicago Ridge, IL 60415

Naper Small Business Park, LLC  
1805 High Grove Lane  
Naperville, IL 60540

Naper Small Business, LLC  
1805 High Grove Lane  
Naperville, IL 60540

Natalie Fishburn  
321 Hubbard Ave.  
Elgin, IL 60123

Payment Resolution Services  
Attn: MSC 410837  
POB 415000  
Nashville, TN 37241-0837

Rodney Shiflet  
311 Drewsbury Lane  
Romeoville, IL 60446

Royal Bank of Canada  
12 East 49th Street  
34th Floor  
New York, NY 10017-1028

Scott McCarthy

Sue Diaz  
3727 E. 2603rd Rd., Unit 1  
Sheridan, IL 60551

Vince Main

**United States Bankruptcy Court  
Northern District of Illinois Eastern Division**

In re **Midwest Medical Services, Inc.**

Debtor(s)

Case No.  
Chapter

**7**

**CORPORATE OWNERSHIP STATEMENT (RULE 7007.1)**

Pursuant to Federal Rule of Bankruptcy Procedure 7007.1 and to enable the Judges to evaluate possible disqualification or recusal, the undersigned counsel for **Midwest Medical Services, Inc.** in the above captioned action, certifies that the following is a (are) corporation(s), other than the debtor or a governmental unit, that directly or indirectly own(s) 10% or more of any class of the corporation's(s') equity interests, or states that there are no entities to report under FRBP 7007.1:

☒ None [*Check if applicable*]

**October 1, 2015**

Date

**/s/ Carl F. Safanda**

**Carl F. Safanda 2440695**

Signature of Attorney or Litigant

Counsel for **Midwest Medical Services, Inc.**

**Safanda Law Firm**

**111 East Side Drive**

**Geneva, IL 60134-2402**

**(630) 262-1761 Fax:(630) 262-1764**

**Plegal@xnet.com**